

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

MAR 04 2004

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

12/04/2003

Supervisor, Patent Prosecution Services  
 Piper Marbury Rudnick & Wolfe LLP  
 1200 Nineteenth Street, N.W.  
 Washington, DC 20036-2412

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/983,070	10/23/2001	Vince Fischer	3768-088-27	8591

TITLE OF INVENTION: SYSTEM AND METHOD FOR COLOR-REVITALIZING HAIR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELHILO, EISA B	1751	008-405000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Piper Rudnick LLP2. Steven B. Kelber

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Andrew Jergens Company

Cincinnati, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee two (2) - COLOR  
☒ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1442 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Steven B. Kelber Reg. No. 30,073

3/4/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

03/09/2004 MBIZUNE2 00000004 09983070

01 FC:1501  
 02 FC:1504  
 03 FC:1506

1330.00 OP  
 300.00 OP  
 50.00 OP

Void date: 03/09/2004 MBIZUNE2  
 03/09/2004 MBIZUNE2 00000004 09983070  
 03 FC:1506

50.00 OP

03/09/2004 MBIZUNE2 00000154 09983070

01 FC:8001  
 02 FC:1506

6.00 OP  
 44.00 OP

TRANSMIT THIS FORM WITH FEE(S)



# FEE TRANSMITTAL

<b>FEE TRANSMITTAL</b>		Docket No.	3768-088-27	
		Serial No.	09/983,070	
		Filing Date	OCTOBER 23, 2001	
		Inventor(s)	Vince FISCHER, et al.	
		Group Art Unit	1751	
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>\$1,680.00</b>	Examiner	Eisa B. ELHILO

1. <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <b>UNDERPAYMENT</b> or credit any <b>OVERPAYMENT</b> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.										<b>FEE CALCULATION (continued)</b>							
2. <input checked="" type="checkbox"/> Check enclosed.										<b>3. ADDITIONAL FEES</b>							
										Large Entity		Small Entity		Fee Description			
										Fee Code	Fee (\$)	Fee Code	Fee (\$)			Fee Paid	
<b>FEE CALCULATION</b>										1051	130	2051	65	Surcharge-late filing fee or oath			
<b>1. BASIC FILING FEE</b>										1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet			
Large Entity		Small Entity		Fee Description				1053	130	1053	130	Non-English Specification					
Fee Code	Fee (\$)	Fee Code	Fee (\$)			Fee Paid		1251	110	2251	55	1-mo. ext. of time					
1001	770	2001	385	Utility filing fee				1252	420	2252	210	2-mo. ext. of time					
1002	340	2002	170	Design filing fee				1253	950	2253	475	3-mo. ext. of time					
1003	520	2003	260	Plant filing fee				1254	1480	2254	740	4-mo. ext. of time					
1004	770	2004	385	Reissue filing fee				1255	2010	2255	1005	5-mo. ext. of time					
1005	160	2005	80	Provisional filing fee				1401	330	2401	165	Notice of Appeal					
<b>SUBTOTAL (1)</b>						\$0.00		1402	330	2402	165	Appeal Brief					
<b>2. EXTRA CLAIM FEES</b>										1403	290	2403	145	Request for Oral Hearing			
tot. claims				-	20*	=	0	x	\$18	=	0	1501	1330	2501	665	Utility/Reissue Issue Fee	\$1,330.00
ind. claims				-	3*	=	0	x	\$86	=	0	1502	480	2502	240	Design Issue Fee	
<input type="checkbox"/>		Multiple Dependent Claims				\$290		=		1504	300	1504	300	Publication Fee		\$300.00	
Large Entity		Small Entity		Fee Description				8004	25	8004	25	Advance Copies of Patent (2)		\$50.00			
Fee Code	Fee (\$)	Fee Code	Fee (\$)					1460	130	1460	130	Petitions to the Commissioner					
1202	18	2202	9	Claims in excess of 20				1806	180	1806	180	IDS Submission					
1201	86	2201	43	Independent claims in excess of 3				8021	40	8021	40	Assignment recordation					
1203	290	2203	145	Multiple dependent claim, if not paid				1801	770	2801	365	For Filing RCE					
1204	84	2204	43	*Reissue independent claims over original patent				1814	110	2814	55	Terminal Disclaimer					
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent				OTHER (indicate below):									
<b>SUBTOTAL (2)</b>						\$0.00											
* or number previously paid, if greater; For Reissues, see above										<b>SUBTOTAL (3)</b>				\$1,680.00			

Name	Steven B. Kelber	Registration No.		30,073	
Signature		Date	MARCH 4, 2004	Telephone	202-861-3900
Name		Registration No.			